



City of Columbia



County of Boone

# Boone County/City of Columbia *Proposal Submission Instructions*

## Boone County

- ❖ Children's Services Funding
- ❖ Community Health and Medical Funding

## City of Columbia

- ❖ Social Services Funding

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## Contact Information

For questions or to report technical difficulties, please contact:

<b>Boone County</b>	Boone County Community Services 573.886.4298 communityservices@boonecountymo.org www.showmeboone.com/communityservices
<b>City of Columbia</b>	Division of Human Services 573.874.7488 humanservices@gocolumbiamo.com www.gocolumbiamo.com (search: Human Services)

# Introduction

The Boone County Community Services Department and the City of Columbia Division of Human Services utilize a web-based funding management system through which proposals for community-based funding must be submitted. These instructions are intended to assist organizations in submitting proposals in response to Requests for Proposals (RFPs) issued by the City and County, utilizing the web-based funding management system.

## Section 1: Accessing the System

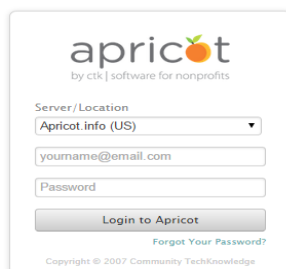
Currently the City and County utilize Apricot by CTK® (Apricot) as a joint funding management system. To access the system:

1. Copy and paste the following link to their internet web browser (preferably Google Chrome): <https://ctk.apricot.info/auth>.

### PLEASE NOTE

Users **MUST** access the system using either Google Chrome (recommended) or Mozilla Firefox as the internet browser.

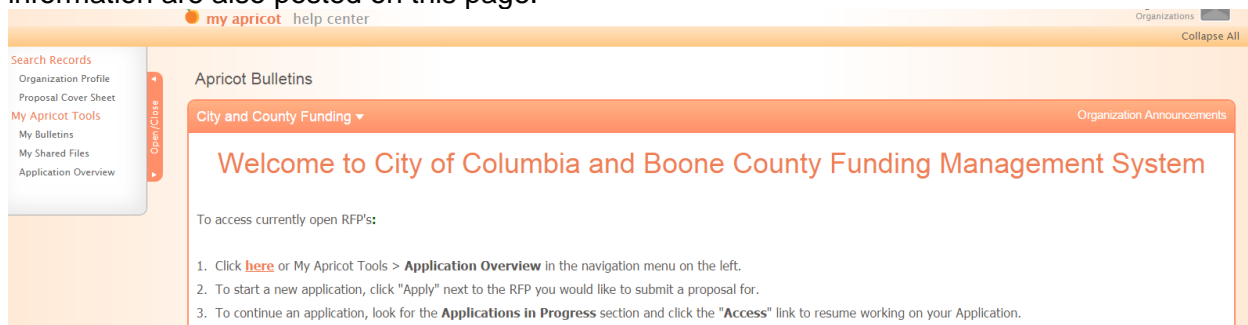
2. Enter Username and Password.

The image shows the Apricot login interface. At the top is the Apricot logo with the tagline "by ctk | software for nonprofits". Below the logo is a "Server/Location" dropdown menu currently set to "Apricot.info (US)". Underneath are two input fields: "yourname@email.com" for the username and "Password" for the password. A "Login to Apricot" button is positioned below the password field. A link for "Forgot Your Password?" is located below the login button. At the very bottom, it says "Copyright © 2007 Community TechKnowledge".

### PLEASE NOTE

If your organization does not currently have an Apricot account, please contact the administrator of the RFP to which you are responding. Only one login is granted per organization and logins are valid for all sources of funding.

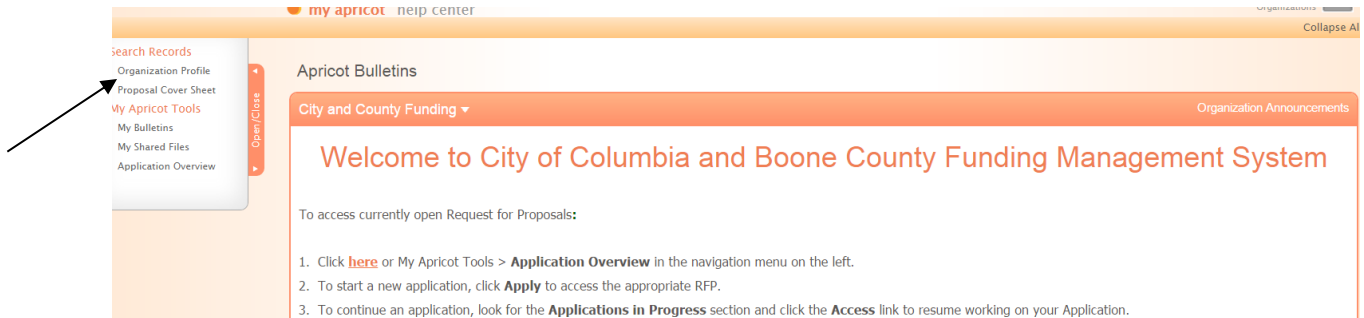
3. Once you are logged in, you will be navigated to your **MY Apricot** page. This is one of the main pages users will utilize in navigating the system. Bulletins containing important information are also posted on this page.

The image is a screenshot of the "MY Apricot" dashboard. The top navigation bar includes the "my apricot" logo, a "help center" link, and links for "Organizations" and "Collapse All". On the left is a sidebar menu with categories like "Search Records", "Organization Profile", "Proposal Cover Sheet", "My Apricot Tools", "My Bulletins", "My Shared Files", and "Application Overview". The main content area is titled "Apricot Bulletins" and features a sub-header "City and County Funding". Below this, there's a "Welcome to City of Columbia and Boone County Funding Management System" message. A section titled "To access currently open RFP's:" provides three numbered steps: 1. Click "here" or "My Apricot Tools > Application Overview" in the navigation menu. 2. Click "Apply" next to the RFP to submit a proposal. 3. Look for the "Applications in Progress" section and click the "Access" link to resume work.

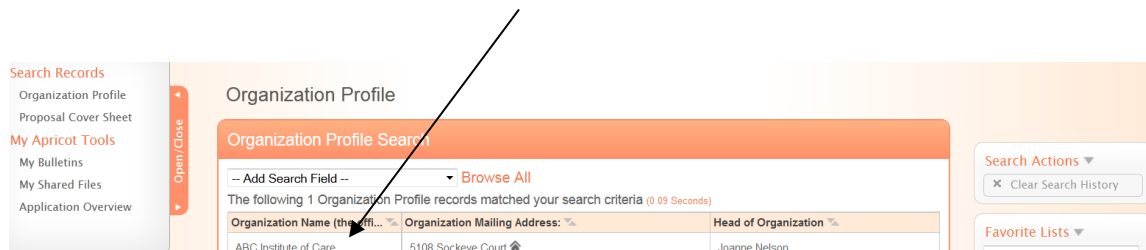
## Section 2: Organization Profile

This section will show you how to access and update your **Organization Profile**.

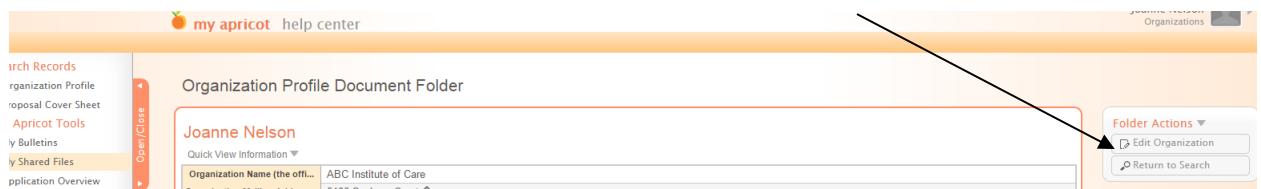
1. In the navigation menu on the left side of the screen, click on **Search Records: Organization Profile**



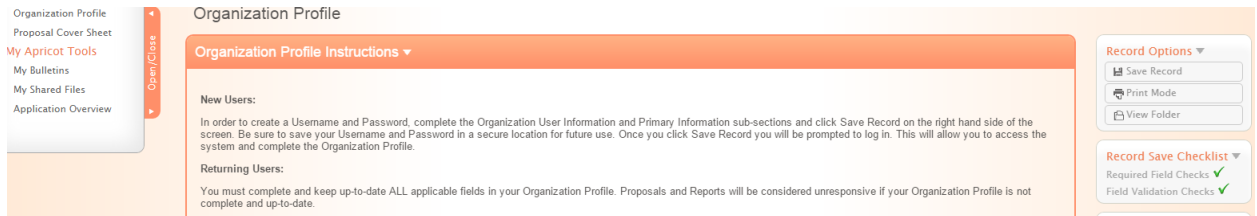
- a. This will navigate you to your **Organization Profile Folder** which contains an **Organization Profile Search** section in which your organization name is listed. Click on your organization's name.



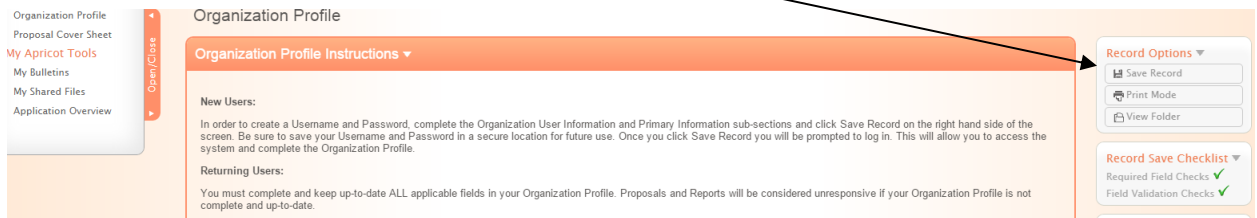
- b. This will navigate you to your **Organization Profile Folder**. Click on **Edit Organization** in the **Folder Actions** box to access your **Organization Profile**.



- c. The **Organization Profile** contains fields in which you will enter information and upload documents pertaining to your organization. Complete or update ALL applicable fields in your **Organization Profile**. Proposals will be considered unresponsive if the **Organizational Profile** is not complete or up-to-date.



- d. To save the information you have entered in your Organization profile, click **Save Record** under **Record Options** as you work on completing these fields and when it is complete.



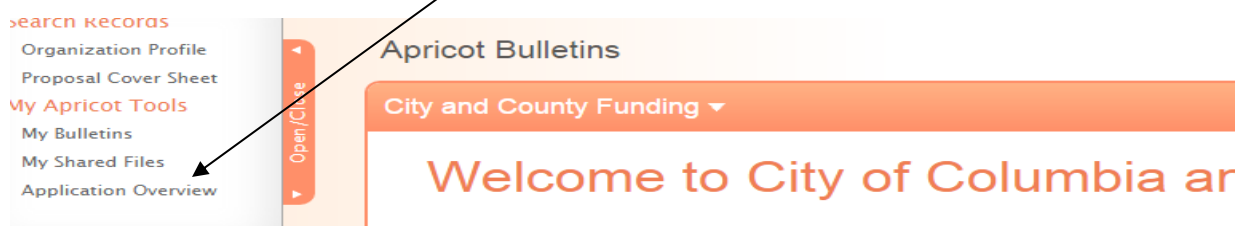
## REMINDER

All sections and sub-sections of the **Organization Profile** must be completed before submitting a proposal. Proposals will be considered nonresponsive if any applicable fields are incomplete.

## Section 3: Accessing Open RFPs

This section provides instructions for viewing and accessing any open RFPs.

1. To see if there are any open RFPs, click on the **Application Overview** in the white navigation menu on the left side of the screen.



2. This will navigate you to the **Application Overview** page which will list any **Available** (open) RFPs. Click on the **Apply** hyperlink for the applicable RFP to access a **Proposal Cover Sheet**.



The screenshot shows a table titled 'Available' with three columns: Name, Description, and an unlabeled column containing 'Apply' links. An arrow points from the text 'Apply hyperlink' in the instruction above to one of the 'Apply' links in the table.

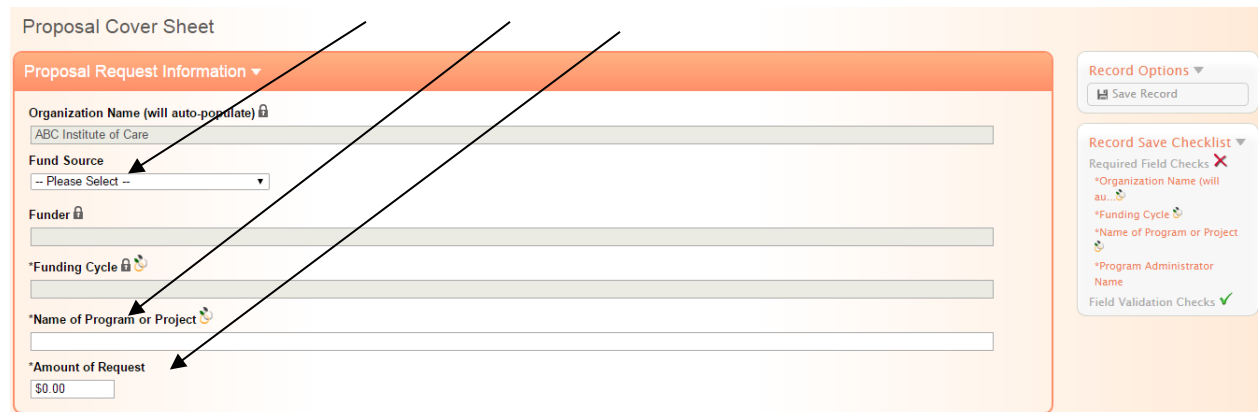
Name	Description	
Community Health/Medical Fund - PILOT	Pre-proposal conference 5/18/15 at 1:00 p.m. in the Commission Chambers at the Government Center. DUE 6/15/15 at 5:00 p.m.	<a href="#">Apply</a>
Community Health/Medical Fund- PURCHASE OF SERVICE	Pre-proposal conference 5/18/15 at 1:00 p.m. in the Commission Chambers at the Government Center. DUE 6/15/15 at 5:00 p.m.	<a href="#">Apply</a>
Children's Services Fund - PURCHASE OF SERVICE	Pre-proposal conference 5/18/15 at 1:00 p.m. in the Commission Chambers at the Government Center. DUE 6/15/15 at 5:00 p.m.	<a href="#">Apply</a>

## Section 4: Proposal Forms

This section provides step-by-step instructions to access and complete proposal forms.

### 4.1 Cover Sheet


1. Per the Section 3, clicking on the **Apply** hyperlink for the RFP for which you would like to submit a proposal will navigate you to a **Proposal Cover Sheet**. Under the **Proposal Request Information** section complete the **Fund Source** (make sure that this matches the RFP for which you clicked apply on the **Application Overview** page), **Name of Program or Project**, and the **Amount of the Request**. The **Organization Name**, **Funder**, and **Funding Cycle** will all auto-populate.




The screenshot shows the 'Proposal Cover Sheet' form. The 'Proposal Request Information' section contains several fields. Arrows point from the instruction above to the 'Fund Source' dropdown, the 'Name of Program or Project' text box, and the 'Amount of Request' text box. The 'Organization Name' is pre-filled with 'ABC Institute of Care'. The 'Funder' and 'Funding Cycle' fields are empty. A 'Record Options' sidebar on the right includes a 'Save Record' button and a 'Record Save Checklist'.


Proposal Cover Sheet


**Proposal Request Information**

Organization Name (will auto-populate)   
ABC Institute of Care


Fund Source  
-- Please Select --






Funder 

\*Funding Cycle 

\*Name of Program or Project 

\*Amount of Request  
\$0.00

**Record Options**  
 Save Record

**Record Save Checklist**  
Required Field Checks   
\*Organization Name (will auto-populate)   
\*Funding Cycle   
\*Name of Program or Project   
\*Program Administrator Name  
Field Validation Checks 

2. Once the **Fund Source** is chosen, depending on the RFP, other fields will appear that require completion. Complete all other information in the **Program Request Information** sub-section.

\*Name of Program or Project

\*Amount of Request  
\$0.00

\*County-Children's Services - Service Type (check all that apply)

- ☐ Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- ☐ Respite care services
- ☐ Unmarried parent services
- ☐ Outpatient chemical dependency and psychiatric treatment programs
- ☐ Counseling and related services as a part of transitional living programs
- ☐ Home-based and community-based family intervention programs
- ☐ Prevention programs which promote healthy lifestyles among children and youth and strengthen families
- ☐ Crisis intervention services, inclusive of telephone hotlines
- ☐ Individual, group, or family professional counseling and therapy services
- ☐ Psychological evaluations
- ☐ Mental health screenings

This field is required.

3. Scroll down and complete all the fields in the **Program Information** section.

**Program Information** ▼

Program Website (will default to Organization website)

Program Address (will default to Organization Physical Address)   
Select to map X  
No results found

Address  
Line 1  
Line 2  
City  
City  
State  
--Please Select--  
County  
County  
Zip

Program Mailing Address (will default to Organization Mailing Address)   
Select to map X  
No results found

Address  
Line 1  
Line 2  
City  
City  
State  
--Please Select--  
County  
County  
Zip

\*Program Administrator Name

Program Administrator Title

Phone Number  
   ext.

Email

4. Some RFPs require additional **Attachments** or **Addendums** which must be uploaded in the fields provided in the include **Required Attachments** section. As applicable, these fields must be completed before submitting the proposal.

Required Attachments - Children's Services Fund and Community Health ▾

**Attachment A 2015 Agency Assurance Sheet**  
 No file chosen  
Up to 25 MB

**Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion**  
 No file chosen  
Up to 25 MB

**Attachment C Work Authorization Certification**  
 No file chosen  
Up to 25 MB

**Addendums**  
 No file chosen  
Up to 25 MB

5. To save the information you have entered in the **Cover Sheet**, click **Save Record** under **Record Options**.

Proposal Cover Sheet

Proposal Request Information ▾

Organization Name (will auto-populate)

Fund Source

Funder

\*Funding Cycle

\*Name of Program or Project

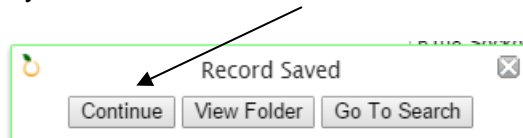
\*Amount of Request

**Record Options** ▾

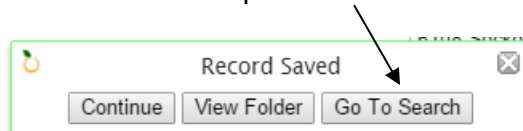
**Record Save Checklist** ▾  
Required Field Checks   
\*Organization Name (will auto-populate)   
\*Funding Cycle   
\*Name of Program or Project   
\*Program Administrator Name   
Field Validation Checks

After clicking **Save Record**, a pop up window will appear. This same pop up will appear every time **Save Record** is clicked. You will then choose the applicable action.

- a. If you would like to continue to work on the **Cover Sheet**, click on **Continue**.



- b. If you click **Go To Search**, you will be navigated back to the **Proposal Cover Sheet Folder** that lists all of the cover sheets for proposals that the organization has started or completed.



For example, the **Proposal Cover Sheet Folder** for this organization indicates the organization has three **Cover Sheets**. Any one of these may be clicked to access the cover sheet.

Proposal Cover Sheet

Proposal Cover Sheet Search

-- Add Search Field -- [Browse All](#)

The following 3 Proposal Cover Sheet records matched your search criteria (0.18 Seconds) [More Columns...](#)

Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Name of Program or Project	Amount of Request
ABC Institute of Care	Children's Services Fund - POS	Boone County	2015	The Unique Program	\$0.00
ABC Institute of Care	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Tiger	\$100.00
ABC Institute of Care	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	The Program	\$1,000.00

- c. If **View Folder** is clicked, you will be navigated to the **Proposal Cover Sheet Document Folder** which will allow you to begin the completing the proposal forms, per Section 4.2 below.

Record Saved

[Continue](#) [View Folder](#) [Go To Search](#)

### PLEASE NOTE

While not a requirement, it is highly recommended that you complete all the information in the **Organization Profile** and the **Program Cover Sheet** sections before beginning a proposal as information from these forms are auto-populated in the proposal forms. The **Name of the Program or Project** and the **Amount Requested** can be changed or saved at any time in the **Cover Sheet**.

## 4.2 Proposal Cover Sheet Document Folder

- Once you have completed a **Cover Sheet**, you will navigate to the **Proposal Cover Sheet Document Folder**, per the Section 4.1. The **Proposal Cover Sheet Document Folder** contains all of the information and forms for each proposal.

Proposal Cover Sheet Document Folder

ABC Institute of Care

Quick View Information

Organization Name (will aut...	ABC Institute of Care
Fund Source	Children's Services Fund - POS
Funder	Boone County
Funding Cycle	RFP #25-15JUN15
Name of Program or Project	Tiger
Amount of Request	\$100.00
Record Lock	

Additional Documents

Program Budget	Actions ▶
Program Overview	Actions ▶
Program Service	Actions ▶
Consumer Demographics	Actions ▶
Program Performance Measures	Actions ▶

Folder Actions

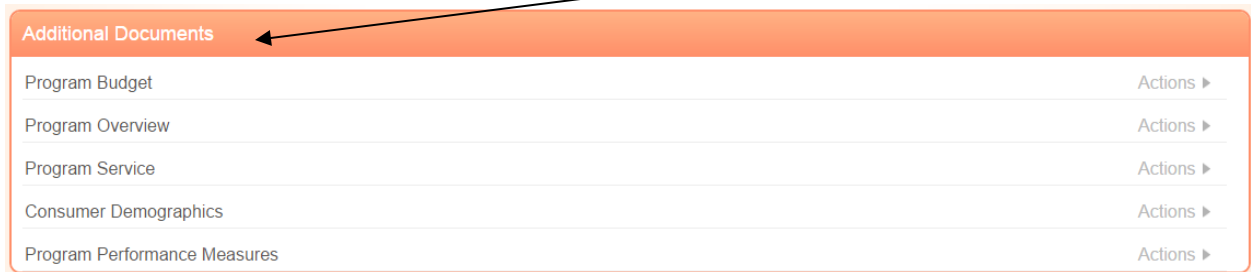
- Edit Proposal Cover
- Return to Search
- Application Overview
- Print Records

Grant Actions

- Submit Application
- Required Forms
- Program Budget
- Program Overview
- Program Service
- Consumer Demographics
- Program Performance Measures
- Required Fields



- The next step is to complete each of the forms in the **Additional Documents** section. For Purchase of Service (POS) RFP applications, the **Proposal Cover Sheet Document Folder** will look like this:



Additional Documents	
Program Budget	Actions ▶
Program Overview	Actions ▶
Program Service	Actions ▶
Consumer Demographics	Actions ▶
Program Performance Measures	Actions ▶

For Pilot RFP applications, the **Proposal Cover Sheet Document Folder** will look like this:



Additional Documents	
Program Budget	Actions ▶
Program Overview	Actions ▶
Consumer Demographics	Actions ▶
Pilot Program Performance Measures	Actions ▶

#### PLEASE NOTE

Pilot RFP applicants are not required to complete the **Program Services** document and the **Pilot Program Performance Measures** document is slightly different than the **POS Program Measures** document. These documents are auto-populated based on the RFP that is chosen on the **Application Overview** page.

- To open a form, click on the **Action** link arrow on the right-hand side of the box. When you hover over the word **Action**, **Create New** will appear. Click on **Create New** to create a new form.



Additional Documents	
Program Budget	Actions ▶
Program Overview	Actions ▶
Program Service	Actions ▶
Consumer Demographics	Actions ▶
Program Performance Measures	Actions ▶

#### PLEASE NOTE

While not a requirement, it is highly recommended that the proposal forms be completed in the order in which they appear in the **Additional Documents** section as information will be auto-populated as you link the forms.

4. To save a form you have created and/or the information you have entered in a form, click on **Save Record**, in the **Record Options** menu.

Program Budget

ABC Institute of Care  
Quick View Information ▾

Program Budget Instructions ▾

For each item for which figures are entered, please complete the corresponding narrative field.  
\*Indicates Required Field.

**Record Options** ▾

- Save Record
- New Program Budget
- View Folder

**Record Save Checklist** ▾

- Required Field Checks ✓
- Field Validation Checks ✓

- a. After clicking **Save Record**, a pop up window will appear on the screen. This same pop up will appear every time **Save Record** is clicked. Choose the applicable action, as detailed in Section 4.1.
- b. If **View Record** is clicked, you will be navigated back to the **Proposal Cover Sheet Document Folder** where the proposal forms are located (under **Additional Documents**). If you have completed a form, there will be a green check mark showing that the form is completed with all of the requirements.

Proposal Cover Sheet Document Folder

ABC Institute of Care  
Quick View Information ▾

Organization Name (will aut...	ABC Institute of Care
Fund Source	Children's Services Fund - POS
Funder	Boone County
Funding Cycle	RFP #25-15JUN15
Name of Program or Project	Tiger
Amount of Request	\$100.00
Record Lock	

**Additional Documents**

Program Budget (1 records) ▾

TOTAL REVENUE	2.	TOTAL EXPENSES	Actions
100	\$25.00	100	Complete

Program Overview

If a red "x" is displayed, the form is incomplete. A user may choose to return to the document and complete the required fields or complete at a later time.

**Additional Documents**

Program Budget (1 records) ▾

TOTAL REVENUE	2.	TOTAL EXPENSES	Complete
100	\$25.00	100	✓

Program Overview (1 records) ▾

Record Lock	a. Will program consumers be charged a fee for the proposed program service(s)?	b. Will the program utilize a sliding fee schedule?	Complete
			✗

Program Service

### Tip

The red “x” serves as a reminder of what still needs to be completed in the proposal. It can also be found on the right side of the screen, in the box titled, **Record Save Checklist**, which details each specific item that still needs to be completed.

- c. Proposal forms can be changed at any time, prior to submitting the proposal, by clicking on any of the fields in the form summary in the **Additional Documents** section.

Additional Documents			
Program Budget (1 records) ▾			Actions ▶
TOTAL REVENUE ▾	2. ▾	TOTAL EXPENSES ▾	Complete ▾
100	\$25.00	100	✓

### 5. Creating and completing a new **Program Budget** form

- a. Per steps 1-4 in this section of the instructions, in the **Proposal Cover Sheet Document Folder**, click on the **Program Budget** form **Actions** and then click **Create New** in the drop down. This will open a new **Program Budget** form.
- b. Save the form.
- c. Read the **Program Budget Instructions**.

Program Budget Instructions ▾
For each item for which figures are entered, please complete the corresponding narrative field. *Indicates Required Field.

- d. In the **Proposed Year** column, complete all applicable revenue fields for the proposed program only. If a figure is entered in this column, the corresponding narrative field must be completed.

Program Budget ▾		
PROGRAM REVENUE	PROPOSED YEAR	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A %
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B %
Narrative	\$0.00	0

Complete the entire **Program Revenue** section. These figures will total automatically in the **TOTAL REVENUE**.

### PLEASE NOTE

- The time period of the proposed year is indicated in each RFP.
- The amount proposed, as indicated on the cover sheet, must match the amount entered in the corresponding funding source.

- e. Complete the **Personnel** and the **Non-Personnel** in the **Program Expenses** section. These expenses are for the proposed program only.

**PROGRAM EXPENSES**

1. Personnel

2. Non-Personnel

**TOTAL PROGRAM EXPENSES**

1.  1. %

\*2.  2. %

**TOTAL EXPENSES**

Additional Documents

Program Budget (1 records) ▾

TOTAL REVENUE ▾	2. ▾	TOTAL EXPENSES ▾	Complete
100	\$25.00	100	✓

- f. Be sure to save the information you have entered.
6. Completing a new **Program Overview** form
- a. Per steps 1-4 in this section of the instructions, in the **Proposal Cover Sheet Document Folder**, click on the **Program Budget** form **Actions** and then click **Create New** in the drop down. This will open a new **Program Overview** form.
  - b. Save the form.
  - c. Read the **Program Overview Instructions**.

**Program Overview Instructions ▾**

The purpose of this section is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

- Each narrative response should be clear and succinct.
- Respond as if the reviewers have no prior knowledge of the program and service(s).
- The issue(s) and affected population(s) should be described and documented utilizing objective, relevant, information and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).
- All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this section. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

**PLEASE NOTE:** In order to complete the Program Service Levels sub-section, you must first complete and link to Program Budget Section.

Information provided in the Program Overview Section should correspond with the information provided in the:

- Program Budget
- Program Service (POS Only)
- Consumer Demographics
- Program Performance Measures

\* Indicates Required Field

- d. Complete all of the **Program Overview** fields.
- e. The **Program Service Levels** section requires you to perform an action called “linking.” To do so, click on the **Add** button on the right side of **Program Service Levels** section.

**Program Service Levels** ▾

Click **Add** to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

\*Link to Program Budget ⓘ

☒ Hide Deactivated Links

\*Total Number of Unduplicated Individuals to be served by the Proposed Program

Average Cost per Individual ⓘ

A **Program Budget Search** window will pop up. Click on any of the **Program Budget** fields to “link” it to the **Program Overview** form. Then click on the “x” in the right-hand corner of the pop up to return to the **Program Overview** form.

**Program Budget Search**

-- Add Search Field -- ▾ [Browse All](#)

The following records matched your search criteria (0.2 Seconds)

[More Columns...](#)

Program Budget (1 record)

TOTAL REVENUE	2.	TOTAL EXPENSES	Record Lock
100	\$25.00	100	<input type="button" value="lock"/>

Click **Save Record** under the **Record Options** on the right hand portion of the screen. The **Program Budget** is now linked to this section of the **Program Overview** form. Enter the **Total Number of Unduplicated Individuals to be served by the Proposed Program** and then the **Average Cost per Individual** will auto-populate.

**Program Service Levels** ▾

Click **Add** to link to the Program Budget Worksheet for this proposal. The Total Program Expenses is used in the Average Program Service Levels calculation

\*Link to Program Budget ⓘ

☒ Hide Deactivated Links

Links to be Added Upon Save

- 100

\*Total Number of Unduplicated Individuals to be served by the Proposed Program

Average Cost per Individual ⓘ

- f. Be sure to save the information you have entered.

7. Completing a new **Program Service** form (Purchase of Service RFPs only)
  - a. Per steps 1-4 in this section of the instructions, in the **Proposal Cover Sheet Document Folder**, click on the **Program Service** form **Actions** and then click **Create New** in the drop down. This will open a new **Program Service** form.
  - b. Save the form.
  - c. Read the **Program Service Instructions**.

**Program Service Instructions** ▼

The purpose of this section is to provide detailed information about the proposed program service(s). Services should be unbundled (e.g. separate rates for individual counseling and case management); therefore, please provide information for each program service to be provided in the proposed program. This includes services for which you are not requesting City of Columbia or Boone County funding.

Information provided in the Program Service Section should correlate with the information provided in the:

- Program Overview
- Program Budget
- Consumer Demographics

- d. Scroll down to **Program Service 1** and enter information for the proposed program service in this section.

**Program Service 1** ▼

\*Indicate Proposed Service (e.g. individual outpatient therapy, case management, emergency shelter, etc.) (1) (100 character limit)

Narrative

\*Indicate Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc.) (1) (100 character limit)

Narrative

\*Unit Rate (1)

\$0.00

\*Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO HealthNet, Missouri Department of Social Services, etc.) Is the proposed rate tied to an established public funding unit rate? (1)

☐ Yes  
☐ No

If yes, source of publicly available rate (1) (600 character limit)

Narrative

If no, consideration may be given for a unit rate not consistent with an established public funding unit rate provided a justification and rational is given for charging a different amount. Provide a justification for the proposed rate. (1) (600 character limit)

Narrative

- e. If there are other proposed program services, enter information for each in the subsequent program service sections (e.g. **Program Service 2**, **Program Service 3**, etc.)

#### PLEASE NOTE

**Required Fields** are only indicated for the **Program Service 1** sub-section. However, all fields are required for each program service section.

- f. Be sure to save the information you have entered.

8. Completing a new **Consumer Demographics** form
  - a. Per steps 1-4 in this section of the instructions, in the **Proposal Cover Sheet Document Folder**, click on the **Consumer Demographics** form **Actions** and then click **Create New** in the drop down. This will open a new **Consumer Demographics** form.
  - b. Save the form.
  - c. Read the **Consumer Demographics Instructions**.

**Consumer Demographics Instructions** ▼

*Instructions:*

The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program services. **All counts are for Unduplicated Individuals.** The totals for all sub-sections should be identical.

Information provided in the Consumer Demographic Information Section should correlate with the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Program Performance Measures Section

\*Indicates a required field.

- d. Complete all of the applicable **Consumer Demographics** fields.

**Gender** ▼

Female  
00

Male  
00

Other Gender  
00

Gender Total ⓘ  
00

**Income** ▼

At or below 200% of Federal Poverty Level  
00

Over 200% of Federal Poverty Level

**PLEASE NOTE**

- All counts are for unduplicated individuals to be served by the entire proposed program.
- The **Totals** in each section should match.

- e. Be sure to save the information you have entered.

9. Creating a new **Program Performance Measures** form

**PLEASE NOTE**

Purchase of Services RFPs – Refer to 8.1  
Pilot RFPs – Refer to 8.2

## 8.1 Purchase of Service (POS) Performance Measures

- a. Per steps 1-4 in this section of the instructions, in the **Proposal Cover Sheet Document Folder**, click on the **Program Performance Measures** form **Actions** and then click **Create New** in the drop down. This will open a new **Program Performance Measures** form.
- b. Save the form.
- c. Read the **Program Performance Measures Instructions**.

**Program Performance Instructions**

*Instructions:*

The purpose of this section is to provide performance measurement information for each proposed program service. For each program service included in the Program Service Section, a performance measurement logic model will appear below. Each logic model has been partially auto-populated with program service and output information based on information provided in the Program Service Section.

**PLEASE NOTE:** The Program Service Section **MUST** be completed before completing this Program Performance Measures Section.

In the fields provided, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement for each proposed program service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Click [here](#) to access helpful information about performance measures.

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

- Program Overview Section
- Program Budget Section
- Program Service Section (POS Only)
- Consumer Demographics Section

\*Indicates Required Field

- b. The **Program Performance Measures** form requires linking. Click on the **Add** button in the box.

**Link to Program Service Records**

Click **Add** to link to the Program Service record for this program application to auto-populate the Service, Units and Unduplicated Individuals for each Program Service.

\*Link to Program Service

☒ Hide Deactivated Links

A **Program Service Search** window will pop up once the **Add** button is clicked. Click on any of the fields in the **Program Service** form summary to “link” it to the **Program Service** form. Then click on the “x” in the right hand corner to return to the **Program Performance Measures** form.

include corresponding indicator(s) and method(s) of measurement

**Program Service Search**

-- Add Search Field -- [Browse All](#)

The following records matched your search criteria (0.17 Seconds) [More Columns...](#)

Program Service (1 record)

Indicate Proposed Service (...)	Record Lock
Group Therapy	<input type="checkbox"/>



- c. Click **Save Record** under the **Record Options** on the right hand portion of the screen. Saving this record will auto-populate portions of this document **Service (1)**, **Units (1)**, **Unit Measure (1)**, **Unduplicated Individuals (1)**.

**Program Service 1**

Service (1)

Group Therapy

**Program Service 1 - Outputs**

Units (1)

0

Unit Measure (1)

One hour

Unduplicated Individuals (1)

0

### Tip

A grayed out box with a lock symbol indicates that the field will be auto-populated. The user doesn't have the ability to enter any information.

- d. In the **Program Service 1 - Outcomes** sub-section, complete the **Outcome (1-1)**, **Indicator (1-1)**, and **Method of Measurement (1-1)** for each **Program Service**. If there is more than one **Outcome** for the **Program Service**, add each **Additional Outcome (1-2)** and the corresponding **Additional Indicator (1-2)** and **Additional Method (1-2)**.

**Program Service 1 - Outcomes**

\*Outcome (1-1)

Text

\*Indicator (1-1)

Text

\*Method of Measurement (1-1)

Text

Additional Outcome (1-2)

Text

Additional Indicator (1-2)

Text

Additional Method (1-2)

Text

- e. In the sub-section titled **Program Service 1 – Narrative**, complete all fields for **Program Service 1**.
- f.

**Program Service 1 - Narrative**

\*Describe how each outcome is attributable to the program goal(s), as stated in the Program Overview section (1) (600 character limit)

Narrative

\*Describe and document any external factors or variables which may affect the proposed outcome(s) (1) (600 character limit)

Narrative

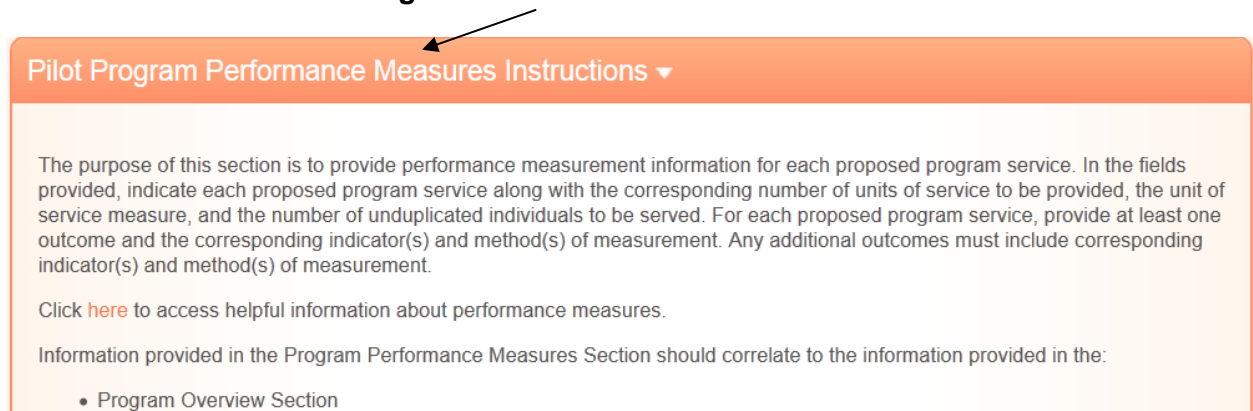
\*Provide a rationale for the measurement level(s) for each indicator (1) (600 character limit)

Narrative

- g. If additional program services are indicated in the **Program Service** form, the **Program Service, Units, Unit Measure, and Unduplicated Individuals** will be auto-populated in sub-sections 2-5. All corresponding fields are required to be completed for each **Program Service**, per steps d. and e. above.
- h. Be sure to save the information you have entered.

## 8.2 Pilot Program Performance Measures

- a. Per steps 1-4 in this section of the instructions, in the **Proposal Cover Sheet Document Folder**, click on the **Pilot Program Performance Measures** form **Actions** and then click **Create New** in the drop down. This will open a new **Pilot Program Performance Measures** form.
- b. Save the form.
- c. Read the **Pilot Program Performance Measures Instructions**.



**Pilot Program Performance Measures Instructions ▼**

The purpose of this section is to provide performance measurement information for each proposed program service. In the fields provided, indicate each proposed program service along with the corresponding number of units of service to be provided, the unit of service measure, and the number of unduplicated individuals to be served. For each proposed program service, provide at least one outcome and the corresponding indicator(s) and method(s) of measurement. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Click [here](#) to access helpful information about performance measures.

Information provided in the Program Performance Measures Section should correlate to the information provided in the:

- Program Overview Section

- d. Enter information in the **Program Service 1** field.

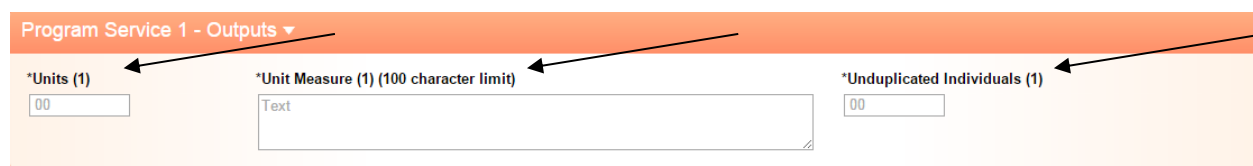


**Program Service 1 ▼**

\*Program Service (1) (100 character limit)

Text

- e. Enter the corresponding **Units (1)**, **Unit Measure (1)**, and **Unduplicated Individuals (1)** to be served in the **Program Service 1 – Outputs** sub-section.



**Program Service 1 - Outputs ▼**

\*Units (1)

\*Unit Measure (1) (100 character limit)

\*Unduplicated Individuals (1)

- f. Enter in the **Outcome (1-1)**, **Indicator (1-1)**, and **Method of Measurement (1-1)** in the corresponding fields in the **Program Service 1 – Outcomes** sub-section. If there is more than one **Outcome** for the **Program Service**, add each **Additional Outcome (1-2)** and the corresponding **Additional Indicator (1-2)** and **Additional Method (1-2)**.

Program Service 1 - Outcomes ▾

\*Outcome (1-1) ⓘ Text

\*Indicator (1-1) ⓘ Text

\*Method of Measurement (1-1) ⓘ Text

Additional Outcome (1-2) Text

Additional Indicator (1-2) Text

Additional Method (1-2) Text

- g. In the sub-section titled, **Program Service 1 – Narrative**, complete all fields for **Program Service 1**.

Program Service 1 - Narrative ▾

\*Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit) Narrative

\*Describe and document any external factors or variables which may affect the proposed outcome(s) (1) (600 character limit) Narrative

\*Provide a rationale for the measurement level(s) for each indicator (1) (600 character limit) Narrative

\*Provide a rationale for each method of measurement (1) (600 character limit) Narrative

- h. For each additional proposed pilot program service, enter information in sub-sections 2-5.
- i. Be sure to save the information you have entered

## Section 5: Submitting Proposals

Before submitting a proposal(s) it is very important to review both the **Organization Profile** and the **Proposal Cover Sheet Document Folder** to ensure all fields are completed.

### 1. Reviewing the Proposal Cover Sheet Document Folder

- Review the **Additional Documents** section to determine if there are incomplete fields in each of the forms: **Program Budget**, **Program Overview**, **Program Service (POS RFP)**, **Consumer Demographics**, **Program Performance Measures (POS RFPs)** or **Pilot Program Performance Measures (Pilot RFPs)**. A green check mark indicates the form is complete and a red “x” indicates that is incomplete. Forms must be complete, as indicated by a green check, in order to submit a proposal.

Consumer Demographics (1 records) ▾

Boone County (includes City of Columbia residents) ▾	Complete
20	✓

Pilot Program Performance Measures (1 records) ▾

ice (1) (100 character limit) ▾	Describe how each outcome is attributable to the program goals(s), as stated in the Program Overview section (1) (600 character limit) ▾	Complete
		✗

- Click on **Edit Proposal Cover Sheet** on the right-hand side of the screen under **Folder Actions** to open the **Proposal Cover Sheet**. Review the **Proposal Request Information**, **Program Information**, and **Required Attachments – Children’s Services Fund and Community Health** to ensure that all fields are complete and all required attachments are complete.

Proposal Cover Sheet Document Folder

ABC Initiative

Quick View Information ▾

Organization Name (will aut...	ABC Initiative
Fund Source	Children's Services Fund - POS

Folder Actions ▾

- Edit Proposal Cover
- Return to Search
- Application Overview

### 2. Reviewing the Organization Profile

- To access the **Organization Profile** click on the **Organization Profile** in the upper left-hand corner under **Search Records**.

Search Records

- Organization Profile
- Proposal Cover Sheet

My Apricot Tools

- My Bulletins
- My Shared Files
- Application Overview

Open/Close

Proposal Cover Sheet Document Folder

ABC Institute of Care

Quick View Information ▾

Organization Name (will aut...	ABC Institute of Care
Fund Source	Children's Services Fund - POS

- b. This will navigate you to the **Organization Profile/Organization Profile Search** page. Click on the **Organization Name**.

Organization Profile

Organization Profile Search

-- Add Search Field -- [Browse All](#)

The following 1 Organization Profile records matched your search criteria (0.15 Seconds)

Organization Name (the offi... 🗕	Organization Mailing Address: 🗕	Head of Organization 🗕
ABC Institute of Care	5108 Sockeye Court 🗕	Joanne Nelson

- c. This will navigate you to the **Organization Profile Document Folder**. Click on the **Edit Organization** button in the **Folder Actions**.

Organization Profile Document Folder

Joanne Nelson

Quick View Information 🗕

Organization Name (the offi... 🗕	Organization Mailing Address: 🗕
ABC Institute of Care	5108 Sockeye Court 🗕

Folder Actions 🗕

- Edit Organization
- Return to Search

This will open the **Organization Profile** which contains all of the required information for your Organization. Everything must be complete and up to date in the **Organization Profile** in order to submit a proposal.

## PLEASE NOTE

Review all the fields in both the **Organization Profile** and the **Proposal Cover Sheet** to ensure that **ALL** fields are appropriately completed.

3. To submit the proposal, return to the **Proposal Cover Sheet Folder** and click on the applicable **Proposal Cover Sheet** for the proposal being submitted.

Search Records

- Organization Profile
- Proposal Cover Sheet
- My Apricot Tools
- My Bulletins
- My Shared Files
- Application Overview

Open/Close

Proposal Cover Sheet

Proposal Cover Sheet Search

-- Add Search Field -- [Browse All](#)

The following 4 Proposal Cover Sheet records matched your search criteria (0.22 Seconds)

Organization Name (will aut... 🗕	Fund Source 🗕	Funder 🗕	Funding Cycle 🗕	Name of Program or Project 🗕	Amount of Request 🗕
ABC Institute of Care	Children's Services Fund - POS	Boone County	2015	The Unique Program	\$0.00
ABC Institute of Care	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	Tiger	\$100.00

More Columns...

This will navigate you to the **Proposal Cover Sheet Document Folder**. Click on the **Submit Application** under the **Grant Actions**.

Proposal Cover Sheet Document Folder

ABC Institute of Care

Quick View Information ▾

Organization Name (will aut...	ABC Institute of Care
Fund Source	Children's Services Fund - POS
Funder	Boone County
Funding Cycle	RFP #25-15JUN15
Name of Program or Project	Tiger
Amount of Request	\$100.00
Record Lock	

Folder Actions ▾

- Edit Proposal Cover
- Return to Search
- Application Overview
- Print Records

Grant Actions ▾

- Submit Application

Required Forms

Required Fields

### PLEASE NOTE

Make absolutely sure all fields and forms are complete before clicking **Submit Application**. Your proposal cannot be edited once it has been submitted.

## Section 6: Helpful Tips

1. Printing records – The ability to print is found under the **Folder Actions** box on the right-hand of the screen under **Print Records**. Follow instructions to print one or more forms.

Proposal Cover Sheet Document Folder

ABC Institute of Care

Quick View Information ▾

Organization Name (will aut...	ABC Institute of Care
Fund Source	Children's Services Fund - POS
Funder	Boone County

Folder Actions ▾

- Edit Proposal Cover
- Return to Search
- Application Overview
- Print Records

2. Submitting additional proposals – If you wish to submit more than one proposal, click on **Application Overview** to access **Available** RFPs. Scroll to the right and click on the **Apply** button to start the proposal submission process again.

Search Records

- Organization Profile
- Proposal Cover Sheet

My Applicant Tools

- My Bulletins
- My Shared Files
- Application Overview

Open/Close

Application Overview

Current Profile Joanne Nelson

Available

Name	Description
Community Health/Medical Fund - PILOT	Pre-proposal conference 5/18/15 at 1:00 p.m. in the Commission Chambers at the Government Center. DUE 6/15/15 at 5:00
Community Health/Medical Fund- PURCHASE OF SERVICE	Pre-proposal conference 5/18/15 at 1:00 p.m. in the Commission Chambers at the Government Center. DUE 6/15/15 at 5:00
Children's Services Fund - PURCHASE OF SERVICE	Pre-proposal conference 5/18/15 at 1:00 p.m. in the Commission Chambers at the Government Center. DUE 6/15/15 at 5:00

3. Applications in progress – Click on **Application Overview**, scroll down to **Application in Progress**, scroll to the right and click on **Access**.

Name (will auto-populate)	Fund Source	Funder	Funding Cycle	Name of Program or Project	Amount of Request	Record Lock	Access
of Care	Community Health/Medical Fund - Pilot	Boone County	RFP #26-15JUN15	1234 Program	\$200.00		Access

4. Symbols – below are common symbols utilized in Apricot.

a. \* = Required Field

b. = Open or close viewing of forms.

c. = Tool Tip: If the cursor hovers over this it will information about that specific request or requirement.

d. = Green check marks indicate that a form is complete.

e. = Indicates that a form is incomplete.

f. = Enables users to see section values in the **Additional Documents** section.